

ARCHIVES

PRICE 9d.

ONLY COPY.

**CHILDREN WHO CAN
NEVER GO TO SCHOOL**

SOME SUGGESTIONS ON HOME TRAINING



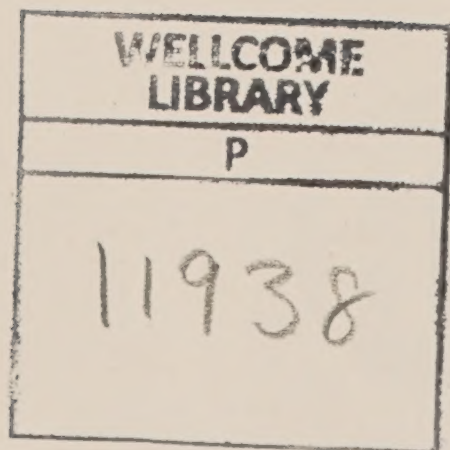
MAURICE CRAIG HOUSE
LONDON, W.1

• 39 QUEEN ANNE STREET
TELEPHONE: WELBECK 1272

Please return to :—
Public Information Department,
National Association for Mental Health,
22 Harley Street,
London WIN 2ED.

561

The National Association for Mental Health, 39 Queen Anne Street, London, W.1, gladly offers its services to parents of defective children. Requests for advice and information should be addressed to the Secretary, Social Services Department.



22503519270

CHILDREN WHO CAN NEVER GO TO SCHOOL

Some Suggestions on Home Training

WHEN a mother is first told that a child of hers is "mentally defective" and that it is unlikely he will ever be able to go to school, she sometimes seeks to mitigate the blow by refusing to face up to it and by making herself believe that the diagnosis is a mistaken one. She clings to the idea that the trouble is due merely to "backwardness" which will, in course of time, disappear and be outgrown. She cannot bring herself to take any steps to provide the special training that is needed, for to do so would be an admission of the child's true condition, and she thrusts the whole problem into the background of her consciousness in the vain hope that it will solve itself. Meanwhile precious time is wasted and with the passing of unproductive years, the child's disability grows and deepens and he becomes an increasing burden to himself and the community.

The wise parent, on the other hand, adopts a very different attitude. Putting aside her natural shrinking from a realisation of the child's condition and refusing to indulge in self-pity, she faces up to the challenge which has been presented to her and bravely determines that however difficult her task may be, she will carry it out in faith and patience. She therefore resolves to learn, from those who have had the necessary special experience, how best the little one can be helped and loses no time in beginning the training which she recognises to be his urgent need.* In this way she will not only ensure his happiness and help him to attain to such fulfilment as is possible for him, but she will make his care and training far easier if later on he has to be sent to a Home. To such a parent this pamphlet is offered, in the hope that it may bring encouragement and help.

It is not possible in a few pages to explain in detail everything that goes to the efficient training of a defective child, but the most important points may be indicated as follows:—

- (1) He will need to be taught all the things, such as walking, feeding himself, etc., which other children teach themselves.

* See appendix I, page 5.

It may be a long time before he learns clean habits, but if trained carefully and patiently, he will, by degrees, respond.

These things will not be accomplished easily, but in time they will be accomplished. Every little achievement should be praised and progress should be noted so that the next step may be taken at the appropriate moment.

- (2) To help him learn the use of his hands, get him to do things with them. Let him have large nursery toys, a big ball and good sized bricks to handle. At first let him practise merely holding them in his hands, dropping them and picking them up again. To arouse his attention, throw soft "bean bags" at him, and teach him to throw them back again. Show him how to thread big bright-coloured cotton reels on a thick piece of plastic, and to place wooden rings over some thick, rounded upright object such as a round ruler. Some of the simpler Kindergarten or Montessori apparatus is also useful.†

If it is difficult at first to teach him any of these things, let him fray out old bits of material for use as "stuffing" for cushions. This type of occupation is specially desirable for the restless, excitable child who, if left to himself, fidgets with his hands or sways backwards and forwards, as it is important to correct such habits before they become too firmly established, and the only method of correcting them is by providing an alternative activity.

- (3) To help him to learn to speak, talk to him as you would to a little child. Show him—with some simple apparatus such as the rings and stick mentioned above—what "up," "down," "on," "off" mean, and get him to repeat the words after you while he imitates the actions. Show him brightly coloured, simple pictures—clearly printed and containing only a few objects—naming them and talking about them, and as he handles or touches toys or pieces of furniture, tell him what each thing is called.

Speech training may be hindered by some physical difficulty, such as loose lips with a tendency to dribble. This condition is helped by practice at blowing feathers or a toy whistle.

- (4) He should early be trained in table manners and encouraged to try to feed himself, even if at first he

† For further suggestions see page 13.

makes rather a mess of it. Do not let him be lazy about taking solid food. To be kept too long on "slops" is not only bad for his health, but delays his mental development, and he must be gently but firmly taught to chew his food, a small mouthful at a time.

- (5) The co-ordination of muscular movements is usually a difficulty and defective children are often clumsy in their gait. To teach him to use his body properly it is important he should be given daily exercises—bending and stretching exercises of all kinds are useful. "Push and pull" toys will help to give him confidence in walking and to get movement. Later it will be possible to encourage him to learn to climb and jump and gradually to acquire better general control.

It is desirable whenever possible, to supplement such physical exercises by letting him join in corporate nursery games or rhythmic movement with other children. This is difficult as he cannot compete with normal children and failure is discouraging but it may be possible to arrange attendance at an "Occupation Centre" for defectives where he can learn something of group activities*

- (6) A daily period of rest is important, as a great deal of energy is expended by a defective child in striving to overcome his disabilities. See that after the mid-day meal he lies down for twenty minutes or half an hour and encourage him to relax completely.
- (7) The use of music in the training of a defective child should never be neglected. If you have a radio, let him listen to it and beat time to the dance music. If you play the piano, play nursery rhymes for him and get him to join in singing them. This may not sound very pleasing, but the attempt will bring him happiness and help him to express himself.
- (8) Always make him try to help himself in dressing and undressing. Buttons will be a difficulty, but if you let him practise on a piece of material with large buttons and button-holes tacked on to a wooden frame, he will gradually achieve the required degree of dexterity. Lacing and tying can also be learnt in this way. The dressing and undressing of a large doll or teddy bear is a help to this end, besides providing amusement and interest.
- (9) Do not overlook the training value of simple household tasks. Let him help to lay the table, clear away,

* Information as to areas in which such Centres have been provided by Local Health Authorities may be obtained from the National Association for Mental Health. See Appendix IV, page 14.

sweep up crumbs, polish spoons, clean shoes, etc. It will be slow work, but look upon it as part of his education. If he feels he has some small duties which are expected of him, it will tend to increase his self-respect and teach him to "give" as well as "take".

- (10) As the child grows older, encourage him to make something, however simple it may be. It may help him to learn the first steps of sewing, if he is provided with a piece of large mesh canvas (fastened to a frame if necessary), a thick needle and some bright coloured wool. But do not be discouraged if he bungles even this apparently simple job, for to him it will be full of difficulty.

Later on he may be able to attempt less elementary forms of handwork but he will need patient and persevering instruction over a long period before he can attain the requisite skill.

- (11) A defective child is greatly helped and steadied by routine, and to make it easier to create such an ordered background, a simple time-table will be found helpful. It may not be possible to adhere to this with unfailing regularity, but even the attempt to do so will be found of value.

The advice given here is not offered as constituting any quick and easy "short cut" for training a defective child. To follow it out conscientiously there will be demanded from you unremitting patience, unfaltering courage and a long sustained hopefulness, proof against repeated disappointments and set-backs. Above all, to persist in such a scheme of training it is essential that you have a clear perception of the significance of what it is you are attempting to achieve—based on the conviction that it is only through your help and your faith that a personality imprisoned behind the bolts and bars of an imperfectly functioning physical brain, can be released from the deepest of its darkness to lay hold, however feeble its grip may be, on something of the joy and beauty of life.

In the appendix which follows is told the story of an American father and mother, faced with the problems which followed on the birth of a mentally defective child, and of the splendid courage with which they responded to this test of faith and love. Their view as to the inevitable need for sending the child to a residential Home if normal children were born to them, is not one which need be generally advocated, for there are many factors entering into the making of such a decision. It raises a question, however, which every parent in such circumstances must sooner or later face, and the spirit in which it was faced by these particular parents should bring help and inspiration.

NOT LIKE OTHER CHILDREN*

By A MOTHER

We started on our career as parents exactly as thousands do every year; a little apprehensive tremendously happy, unaccountably proud and more than a little at a loss. But whereas in the usual case the child manages to survive the first fumbling weeks, thrives and learns and becomes wholly a joy, our little son did not thrive or learn, and remained for nine months a worry, as well as a joy. He did not gain properly, he did not eat, he did not learn to play or sit up alone as he should. The only thing he did on schedule was to produce teeth at the right times. When at nine months, we took him to another doctor, we found that he had not learned, had not thrived for the reason that he was feeble-minded. He would never be like other children. If he lived to grow up, he probably could never earn even a part of his living even in a special home. No, his trouble was not hereditary. We could and should have other children.

The verdict was so overwhelming, so final and complete, we felt as though our baby had died. He was, we felt, so lost to us. We thought of the plans we had made for him, of the books we wanted him to have, the music we would help him know and love. It hurt us to realize, now, that none of this could be.

Then, gradually, it dawned on us that most of our bitterness and agony were for ourselves. We began to see that there were compensations. If our little son was never to know the heights of life, he also would never know the depths. Perhaps he would have to go through his life, provided he lived past infancy, with a child's mind in a man's body. But he also would have a child's heart, and a child's happy faculty of living in a world where play is the reality. Not that we would not have given anything to have made him whole. But since it must be this way, we could see a glimmer at least, of a silver lining. Perhaps our experience will have value for other mothers and fathers. I know that when we were groping for the light, back in the beginning of our trouble, we would have been glad to know of someone else's experience, if only to help us realise that we were not alone with a "different" child.

Gradually, because we had to, we began to get used to the idea that our child would never be normal, then we began to remember other things the specialist had said that dark afternoon. We came

* Reprinted from *The Parents' Magazine*, 52 Vanderbilt Avenue, New York 17, by kind permission.

to understand the word "microcephalic"; found that it was a term which meant that our child's skull was, through some error in prenatal development, too small ever to house a normal brain. Just as there are, occasionally, children who are born club footed, or without an arm or hand, so our child did not have a skull of the right size. It was nothing we or any of our ancestors were responsible for and there was no birth injury. In fact, nobody knows what causes such a thing, and so it cannot be foretold or prevented. Nor could it be cured. But at any rate, there seemed no reason why we could not have other children who would be normal.

There are all sorts, degrees and types of mental retardation carrying with them their differences in appearance as well. Our son is very small, so that his small head is not noticeable to the casual glance. People who don't know him think he is normal; often we have been complimented on his appearance, because he not only acts six or eight months younger than he is, he looks that much younger. We are thankful for that blessing, and we know that many parents must choose between not taking a child out with them, and braving the curious, pitying stares of the passers-by. There are other differences between our problem and that of others; our baby is docile and sweet tempered and fairly easily trained; we have no other children to consider. In spite of the differences, however, I feel that in some ways all parents with defective children are faced with the same decisions and perplexities. Arranging for the child's future is one of them; training, even though it may differ widely to fit the individual cases, is another.

When I searched for books to help in the care of a mentally defective child, they were not available to me. The best the library could offer was books on mental development containing tests, such as Dr. Arnold Gesell's *Mental Age of the Preschool Child*. Layman that I am, and with only average education, I found that book helpful. Reading the tests and the conclusions drawn, and applying some of the same tests to my youngster, I could come fairly close to the mental age of the child. As he is very young, his age was reckoned in months rather than years, but the same idea could be worked out whatever the child's age. After using the tests I could decide on my plan for training according to his mental age, not his actual age. I would try to get him to do the things he should be able to do according to his mental age, neither more nor less. Other books on child care helped me from there on.

However, my baby was not only about six months behind his normal development, he continued to develop at a much slower rate of speed than the normal child. At a year and six months, mentally, he showed a gradual development, but at a much slower

rate that a normal six-months-old child. I had to learn not only to set the clock back, but to slow it up. This was hard, almost impossible, at first, but now that we have grown used to the idea, we find we accept it completely. What is more, our friends do too. It is as though our baby were ageless. That point of view is a big help in our effort to accept him as he is and to be happy.

But the first job was to improve my baby's physical condition and that meant building up his appetite. He was badly undernourished and underweight and he had skin trouble. In spite of my adherence to the rules of baby care and feeding he did not thrive. However, he rarely had upsets or colds, and his teeth erupted painlessly and at the proper time. I began to wonder if with patience and the help of all I would find in books on child training, feeding, food habits, and other related subjects I could help him to build a strong healthy body. A few persons to whom I mentioned my problem said quite frankly that they thought I was taking a good deal of trouble for nothing. "It would be better if he didn't live, poor little thing," they said. I was suddenly thoroughly angry. Who can say which life is of use, or importance? Was I to neglect the health of a child in my care, even perhaps shorten that life by not doing what should be done, because I could not see of what use that life would be? My job was to care for my child, to help him to be strong and to grow. So I set about making a strong body out of an ailing weak one. It called for the hard, concentrated effort I needed to pull me through the heartache and bitterness.

My baby was taking orange juice, cod-liver oil, cereal, vegetables, milk, all as he should—but in such minute quantities that he barely stayed alive. He was also exceedingly nervous and tense; his legs actually did not relax enough at any time to lie apart, he held them together and held his arms at his sides in an unnatural, strained posture. Even in sleep, he did not relax entirely. I felt that his need was for rest, sleep, quiet and more quiet, and so arranged his schedule fairly rigidly and saw to it there was little or no outside stimulation. At the same time, I followed the advice of the authorities on feeding a reluctant child—don't coax, urge or force. Don't show any emotion. If he eats nothing, remove the food and say and do nothing. When a child is just skin and bones not showing any emotion, when he persistently refuses his food, is difficult, but it can be done.

The doctor prescribed thyroid extract for a while, and we tried various wheat-germ compounds to try to stimulate an appetite. It all seemed fruitless, but suddenly, for no apparent reason, the baby began to eat. He not only increased quantities but accepted a much wider variety of food. I cut his meals down to three a day, and held my breath for fear the spurt of appetite would disappear. It didn't. At twenty months he eats nearly what any

child of that age would, except that he has some trouble handling food that isn't smooth, and he does not hold his bread or toast and eat by himself. When he began to have a better appetite his tenseness disappeared, whether because of improved nourishment I do not know. Today at twenty months he is relaxed and supple and as healthy as any child his age. Less than a year ago the doctor predicted he would die before his second birthday. Today he is stronger, more resistant to colds and infection than a good many of his contemporaries. His teeth are strong and straight and they came in easily. His colour and skin texture are excellent. His sleep is sound and more regular. We are proud of his strong, straight little body, and we cannot feel that our efforts and patience were wasted.

Along with our determination to make a normal child, at least physically, out of our defective baby, was a determination not to let all the sweetness and enjoyment and even nonsense die out of our lives. His father and I are both young and so haven't the habit of thinking about or brooding over the past, and that is a help. We do not think of our baby as different from others except when we are forced to. That may be cowardly but we feel it is the only way in which we can hope to have any happiness in a situation of this kind. It is literally true that for days at a time we do not think of our son's subnormality. We are as pleased with the little things he learns to do as if he were perfectly normal. Perhaps more so. We have had our emotions and our perception sharpened to the point where we enjoy everything about him, and are keenly aware of his emotions and wishes. It's as if because we love him so devotedly and so specially and, because we know we will not always have him with us, that we are somehow closer to our baby and he to us than is normally the case. We are hoping that we can remember what we have felt and learned from him, so that if we have other normal children, we can understand and help them more easily and perceptively.

Just as we have learned through this different child that careful attention to diet through and past babyhood has its rewards, he has also taught us that there are things which it is wiser to be careless about. Little naughtinesses, such as tipped-over waste baskets, investigations into forbidden territory such as mother's sewing basket, spilled and messed-in food, are to us not naughty at all. We have watched too hopefully for the awakening of our baby's curiosity and his desire to investigate, to regret the consequences of that curiosity and desire. My relation to my child is more important than any detail of housekeeping ever could be. That does not mean that we have spoiled our baby. To refrain from spoiling our son was the hardest lesson we had to learn, I think. For if it is hard not to spoil a perfectly normal intelligent child, how much more difficult it is to be firm with a little child who

perhaps does not understand what you mean at all, who has no place in life, who is more than ordinarily helpless. Add to this the fact that at the first signs of discipline, relatives and friends are apt to be horrified and consider you a monster of cruelty. Luckily for us, our baby is naturally amiable and easily handled, at least so far. Nevertheless we did have our battles to fight, yet now, none of the friends and relatives who thought us stern would wish to exchange our well-behaved youngster for a screaming little tyrant. We felt it was a kindness to teach him early that he could not have his own way all the time, that other persons must be considered. And he must learn to do as he was told without undue fuss. He has learned this lesson well, and I am not afraid to take him anywhere. I know he will not make a scene in stores, or in friends' homes. In spite of his sub-normality, he is always welcome. And so he has taught us that good manners and unselfishness begin early and at home, and make a child well-liked and acceptable everywhere.

I firmly believe that the mentally defective child needs even more than the normal one, the security that a regular schedule gives. I do not mean that everything must be sacrificed to schedule, but that, on the whole, the child must be able to expect the same things at the same time each day.

Even for his sake we have not been sorry that our child was born. And we are learning many things from him. He has improved our sense of values. We cannot find many things to be upset or tragic about since we have learned to live with our personal tragedy and make the best of it.

It is only by reckoning what you gain from a bitter experience, as well as what it costs, that you can place a proper value upon it. We honestly believe that our next baby will be unusually lucky because of our experience with our first child. We haven't much money, and we aren't especially wise or talented, but we are now prepared to welcome a child with all our hearts. We will be ready for him with our minds as well as our hearts, with a full realisation of what it means to be responsible for a child, and of what we owe him. We want a child now more than we did before Mickey was born, because we know what a child can bring into the lives of his parents. And we say to ourselves, "If this little one can give us so much joy, how thrilling it must be to watch the development and growth of a normal child!".

We know that the hardest part of all is ahead of us. For if ever we have other children, we must make provision to have our "different" little boy live away from home. It is too bitterly unfair to let a normal child face the pity, the curiosity, the whisperings about a defective child that we, as adults, find it hard to meet. Then, too, we know that our handicapped child would be miserable if he had to compete, though it might be only on the

playground, with normal children. He has the right to be among his own kind, where he need face no unfair competition. Only so can he possibly be happy as he grows older. Anyone who doubts this need only think back to his own childhood, to remember with shame how heartlessly the neighbourhood idiot was teased. Those are plain words, but this is a situation that calls for plain thinking. We may gloss the facts over to ease our hurt, but the world won't. The time will come when it will be best for our child to go to a special institution.

We will see him there often, but the privilege of doing things for him ourselves will be over. It is our hope that he will adjust himself very quickly and be happy almost at once. Yet it hurts to realise that he will forget us almost entirely, as we know he will. Always he will be in the back of our minds and hearts, and as long as we live he will be what he is now, at once a source of joy and love, and of pain. We don't think about the parting from him any more than we can help, but when it comes we hope to be able to do it quietly, and then to begin the job of building life and happiness in our home without him. Thousands of mothers and fathers will know exactly what I mean, and with them, with understanding hearts, we join in knowing that though it is a heavy burden to carry, still we have lightened it by doing honestly what we thought was right and best for our little "different" child. After that we can only commend him to God, and who knows but that He has special care and regard for these little ones whose clocks stand still?

Appendix II

SOME POINTS TO NOTE IN CONNECTION WITH LEGAL PROVISION FOR M.D. CHILDREN

This appendix is not intended to be a complete summary of the legal provisions affecting mentally defective children, but is designed to give parents a little preliminary information to be supplemented by verbal enquiries.

- (1) For children who are "educationally subnormal" but not deeply defective, it is the duty of the Local Education Authority to provide special education, which may be given in a Special School.
- (2) If, however, your child is very retarded in development, he becomes the responsibility of the Public Health Department under the Medical Officer of Health, and it is to him—at the Town Hall or the County Offices—you should go for advice. If the child is of school age, the School Medical

Officer will be asked to examine him, to make sure that it would be no use to try him at school.

- (3) When it has been decided that education at school is not possible, the Public Health Committee will either place the child under supervision (known as "Statutory" Supervision because the Mental Deficiency Act makes it a duty which they must carry out), or they will—if you wish it and it seems necessary—try to find a vacancy for him in an Institution under the Regional Hospital Board, where he can be taught and trained with other children.
- (4) "Supervision" means that a special Mental Health Worker or perhaps a Health Visitor, will call at intervals to give you any advice and information you may need about care and training, and if any emergency arises you will be able to appeal to her for help. If there is in your neighbourhood an *Occupation Centre* provided by the Public Health Committee for giving mentally defective children skilled training on nursery school lines, she will put you in touch with it. Unfortunately the number of such Centres has never been adequate and during the War, many of them were closed and have not yet been re-opened. Public Health Committees fully recognise the need, but lack of trained workers, and difficulties in obtaining suitable premises, are making progress very slow.

If you live in the country, there may be—instead of an Occupation Centre—a *Home Teacher* able to visit your home to give your child simple lessons in handwork, speech training, etc., and to help you to carry on with the training in between visits. About this also, the Mental Health Worker whom we have referred to above, will be able to tell you, but unfortunately the number of Home Teachers is very far short of the need for them, although gradually Public Health Committees are making appointments, as trained people become available.*

- (5) It may be necessary for your child to be sent away from home because his care is too great a strain for you, because his presence seems bad for the other children, or because he needs more training than you can give him and there is no Occupation Centre available.

If you arrive at this decision, you should consult the Mental Health Worker who visits you, or apply direct to the Medical Officer of Health asking him to try to find a vacancy for the child, as a National Health Service patient

* Further particulars on this subject will be found in a pamphlet, *Occupation Centres for Mentally Defective Children*, published by the National Association for Mental Health, 39 Queen Anne Street, London, W.1, price 10d. post free.

in one of the Regional Hospital Board's Institutions. In these, maintenance, treatment and training are free, but owing to the acute shortage of accommodation, you may have to wait a very long time before a vacancy can be offered.

- (6) For admission to an Institution, certain legal formalities, (including two medical certificates) under the Mental Deficiency Acts are necessary and about these, the Medical Officer of Health or the Mental Health Worker will give you full particulars.
- (7) Parents are sometimes worried by being told that to place a child in an Institution means a complete and permanent separation from him. This is a fallacy, for not only is there provision for visiting and taking children out for walks, etc., but application may be made at any time to the Medical Superintendent for a patient to be discharged, and unless there is some very strong reason against it, from the point of view of the child's well-being, such a request is never refused. There is, moreover, provision for allowing patients home for a holiday ("on Licence"), and every progressive Medical Superintendent is aware of the importance of maintaining as strong a link as possible between the child and his family. A few enterprising Institutions have recently formed Parents' Associations whose members are taking a keen interest in the patients' welfare, and this example is likely to be followed by many others.*

You should also realise that in the School Department of an Institution, a child receives excellent training and teaching, and that varied facilities for a full and interesting life are provided.

- (8) Although the great majority of mentally defective children who are cared for away from their own homes, are in Institutions as National Health Service patients, there are a few small Homes providing the necessary care and training and approved for this purpose by the Board of Control (the Government Department whose duty it is to watch over the interests of defectives). For admission to most of these, no legal formalities are necessary, but the fees are necessarily high (not less than 3½ guineas a week) and except in special circumstances, they must be paid privately.

In this type of Home a great deal of individual attention can, of course, be given to a child, but on the other hand his parents may be asked to remove him if he becomes too difficult or when he reaches a certain age limit, and then new arrangements have to be made.

* See page 16.

**SUGGESTED EQUIPMENT FOR THE TRAINING
OF A DEFECTIVE CHILD***

- (1) Bean Bags for games, made of scrap materials. Approximately 4 inches by 3 inches. Filled with sand, sawdust, beans, soft wool, etc. For sense training, colour, number, weight, throwing and catching.
- (2) Balls for games. Soft rubber and hard rubber. Not larger than child can grasp easily.
- (3) Water, sand and looking glass, to train hand and eye. To teach meaning of "in," and "out," "up" and "down," etc., and for building castles, making gardens, etc. Sand put on small tray or tin.
- (4) Hoop for bowling, and skipping rope.
- (5) Good sized unbreakable doll, or Teddy Bear, with clothes to take on and off.
- (6) Wheel-barrow, fair size, or a wheeled toy, to teach wheeling in and out of a row of ninepins.
- (7) Painted cotton reels for threading, for teaching manipulation, colour, etc.
- (8) Pictures for speech training, colour, etc., postcards, scrap books, coloured prints. Pictures should be clear block colours and not shaded. Can be cut out of papers and magazines.
- (9) Pictures for colouring. Illustrations from catalogues of shops selling clothes, kitchen utensils, furniture, etc., are useful.
- (10) Coloured chalks.
- (11) Ninepins and deck quoits, to arrest attention, train hand and eye, etc. Large curtain rings can be used as quoits for throwing on to big hook.
- (12) Target with holes for throwing ball through. A large piece of stiff cardboard with big hole, or small wooden hoop hung on chair or wall. Wool ball used for throwing through hole. A painted face is an added attraction.
- (13) Building blocks. Large sized blocks, 4 inches by 4 inches, for teaching balancing movements, picking up, putting down, stepping, balancing on hand, head, etc. Two dozen make a good set.
- (14) Shells, beads, beans, etc., for sorting into heaps.

- (15) Peg-Board—round wooden board with holes and pegs, to teach accuracy in placing, colour, etc. Diameter, 16 inches. Eight holes.
 - (16) Colours for sorting and matching. Bits of cloth and wool, cards, etc., with corresponding colours for matching.
 - (17) Drawing. Coloured cardboard or brown paper with coloured chalks.
 - (18) Plasticine for modelling.
 - (19) Buttoning and Lacing. Wooden frames, 8 inches by 8 inches, approx., on which are tacked pieces of material with buttons and button holes, hooks and eyes, string for tying.
 - (20) Knitting. Wooden needles. Knitting cotton for dish-cloths, dusters, etc.
 - (21) Wool. Canvas. For making rugs, mats, etc.
 - (22) Some of the Montessori apparatus (Form and Size Boards, e.g.) very useful, but expensive and not essential. Can be bought from the Montessori Society, 68 St. Mark's Road, London, W.10.
 - (23) Picture books, nursery rhyme books, simple dance music or gramophone records.
-

Appendix IV

SOME POINTS TO NOTE IN RECORDING CONDITION, DEVELOPMENT AND PROGRESS OF A DEFECTIVE CHILD

The points which are given here are amongst those noted by Supervisors of Occupation Centres in the records they keep of the children in attendance. It is thought they may be of use to parents as a rough guide, but allowance must obviously be made for the degree of defect of the child concerned, and some of the questions obviously do not apply to young children.

EMOTIONAL DEVELOPMENT

- Is his behaviour generally stable?
- Does he fly into tempers?
- Does he need continual encouragement and attention?
- Is he inclined to retreat into a world of his own?

SOCIAL ATTITUDES

- Is he dependent for play and occupation on adults?
- Is he friendly with other children?

PHYSICAL CONDITION

Is there any deficiency of hearing or vision?

Is he left-handed?

Does he bite his nails?

Has he any defects of posture (e.g., flat feet), gait, etc.?

HEALTH

Susceptibility to colds, chilblains, digestive disturbances, etc.

SPEECH

Does he understand simple instructions?

Has he any powers of conversation? If so, does he use sentences or only single words?

PERSONAL HYGIENE

Can he attend to his own needs, e.g., toilet, nose-blowing, etc.

Can he feed himself?

Can he dress and undress?

EDUCATIONAL

Attainments and progress in :—

Reading

Writing

Number

Telling the time

Money values

Recognition of colours

Recognition of differences in size, weight, shape, etc.

Painting, plasticine

Handwork, stitches known

Music; ability to sing, beat time, etc.

DOMESTIC ABILITIES

Washing up

Scrubbing and polishing

Helping in kitchen

FOOD

What are his likes and dislikes?

INTERESTS

In animals and birds?

Trees and flowers?

Amusements, e.g., cinema?

Outdoor games?

SOME USEFUL BOOKS AND PAMPHLETS

Obtainable from the National Association for Mental Health, 39 Queen Anne Street, London, W.1.

Simple Beginnings in the Training of Mentally Defective Children. By Margaret Macdowall 3s. 10d. *post free.*

Opening Doors. A Little Book for the Mothers of Babies who are long in learning to behave like other Children of their Age. By Dr. John Thomson. 7d. *post free.*

Occupation Centres for Mentally Defective Children. 10d. *post free*

Progress Book for use in Occupation Centres and "School" Departments of Institutions. 10d. *post free.*

Notes on Legislation for Mental Defectives. 7d. *post free.*

Further pamphlets on training are in preparation.

For the Parents of a Mongol Child. 1s. 7d. *post free.*

~~The Brain Injured Child. A Booklet for Parents. 1s. 10d. *post free.*~~

Obtainable from Sunfield Children's Home, Clent, Worcs.:

The Retarded Child. A Guide for Parents. By Herta Loewy. Staples Press, 3s. 6d.

ASSOCIATIONS FOR PARENTS

Association for Parents of Backward Children. Publishes a monthly News Letter. Apply: Mrs. Fryd, 8 Westfield Avenue, Harpenden, Herts.

Association for Parents of Backward Children: South of England Branch. Hon. Secretary: Mr. H. D. F. Hutchings, 3 Willowhayne Gardens, Worcester Park, Surrey.

Friends of the Fountain Hospital. Chairman: Mr. J. C. Davies, 9 Wilton Crescent, London, S.W.19.

